

Case No. \_\_\_\_\_

MAR 31 2022

IRONTON MUNICIPAL COURT  
Ironton, OhioIN THE Municipal COURT  
Lawrence COUNTY, OHIO

(Your Name)	) Case No. <u>CVH 2200076</u>
DeCastro, Jose	) (Leave Blank)
(Your Address)	) Judge <u>Waldo</u>
1258 Franklin St	) (Leave Blank)
Santa Monica, CA 90404	) COMPLAINT FOR REPLEVIN
Plaintiff	)
v.	)
Ironton Police Dept, Lawrence County,	)
The state of Ohio	)
(Defendant's Name)	)
(Defendant's Address)	)
(Defendant's City, State, and ZIP Code)	)
Defendant	)

**FIRST CAUSE OF ACTION**

1. I am a resident of California, Los Angeles County.
2. Defendant is a resident of Ohio and Lawrence County.
3. This Court has jurisdiction and venue over this matter because it involves residents of Lawrence County and property that is located in \_\_\_\_\_ County.

4. I own the following property: Iphone 12 Max  
(list the items Defendant has kept)

5. My ownership of the property is evidenced by Ironton Police Dept  
(list the reasons why you say you own the property)

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6. Defendant took possession of property belonging to me on March 29th, 2022.  
(date Defendant took your property)  
7. Defendant took possession of my property by Force, against my will  
(describe what Defendant did)

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8. I request the return of my property.  
9. Defendant has failed to return the property belonging to me.  
10. The property being held by Defendant is worth my Civil Liberties   .  
(value of your property)  
11. Upon information and belief, the property is in the actual possession of Defendant and is

located at 3101 South 3rd, Ironton, Ohio, 45638.  
(address where you believe the property is located)

#### **SECOND CAUSE OF ACTION**

12. Defendant has wrongfully exerted control of my property.  
13. Defendant has converted my property.

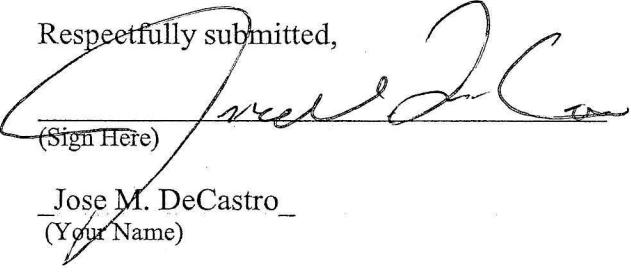
#### **REQUEST FOR RELIEF**

I request that the Court order the following relief:

- A. Find that I am the owner of the property in question;
- B. Order Defendant to return the property to me;
- C. Grant me costs and damages

E. Grant any other relief that may be just or equitable.

Respectfully submitted,

  
(Sign Here)

\_\_\_\_\_  
Jose M. DeCastro  
(Your Name)

\_\_\_\_\_  
1258 Franklin St  
(Your Address)

\_\_\_\_\_  
Santa Monica, CA, 90404  
(Your City, State, and ZIP Code)

\_\_\_\_\_  
310-963-2445  
(Your Telephone Number)